



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS. SERVICES DIV.

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Statement of Change of Agent

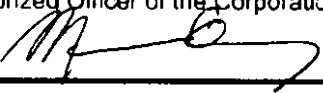
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

2023 MAR 30 PM 1:17

2023 MAR 20 PM 3:27

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001074768		2. Exact Name of the Corporation Maureen Chung M.D. PhD. Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 21 Reliance Drive			
City/Town Bristol		State RHODE ISLAND	Zip 02809
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Giovanni D. Cicione, Esq.			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 21 Reliance Drive			
City/Town Bristol		State RHODE ISLAND	Zip 02809
6. The name of the NEW registered agent is: MAUREEN CHUNG			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Maureen Chung MD PhD			Date 3/15/2023
Signature of Authorized Officer of the Corporation 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 30 2023

BY  PN3FN

FORM 640 Revised: 03/2020

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